

# Foster Family Home - Deficiency Report

Provider ID: 1-512352

Home Name: Trinidad Lameg, CNA

Review ID: 1-512352-14

109 Kaniko Place

Reviewer: Maribel Nakamine

Wahiawa

HI

96786

Begin Date: 6/14/2022

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 7/14/2022.

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- HH [REDACTED] without any APS/CAN/Fingerprint results present in the CCFFH binder. HHM [REDACTED] S APS/CAN/Fingerprint lapsed on [REDACTED] and no current results present in the CCFFH binder. CG [REDACTED] APS/CAN lapsed on [REDACTED] and determination date was done on 1 [REDACTED]. C [REDACTED] without the second set of Fingerprint result in the CCFFH binder.

## Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications' side effects was present in Client [REDACTED] chart.

## Foster Family Home Physical Environment [11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1)- no non-slip/rubber mat present in clients' bathroom shower floor.

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Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(2)- Client [REDACTED] Service Plan expired on [REDACTED].

54.(c)(5)- Medication discrepancy was noted for Client [REDACTED]. One medication's MD order and label did not match the client's Medication Administration Record (MAR).

54.(c)(6)- RN's monthly visit/assessment form for February 2022 and April 2022 were not present in Client [REDACTED] chart.

*Thaibet Nakamine, RN* 6/14/22

Compliance Manager

Date

*Amelia Uclarbe SCG*

Primary Care Giver

Date

6/14/22